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SCHOLAR/FELLOW SOUNDING BOARD

Have you moved?

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ANNOUNCEMENTS

THE FOUNDING MEETING OF THE ACADEMY FOR HEALTH EQUITY: BUILDING CAPACITY TO ELIMINATE HEALTH DISPARITIES – A letter of invitation from Dr. Ilana Mittman, Kellogg Fellows in Health Policy Research Program alumna

Dear Colleagues:

Do any of you feel that you are tired of reading, hearing and conversing about health disparities? That you know that these are indisputable and that the time has come to DO something about them? Well, I do. I have just had a life changing experience. I have been to the inaugural meeting of the Academy of Health Equity in Denver Colorado. There, in the Mile High city I realized that I was witnessing a historic moment. More than two hundred and fifty health equity advocates from around the country gathered almost on a moment's notice to be part of moving the health disparity elimination agenda forward. The meeting started with ceremonial multicultural drums representing rituals of indigenous groups of the four corners of our great nation. The ceremony ended with all drumming to same beat. My heart was pounding and my eyes tearing up as I was reminded again, that we are all part of humanity and that on this planet we are tightly connected.

This unique meeting was phenomenal given the short time of planning. The orchestrators of the Academy are health equity advocates who felt that health disparity elimination efforts have yielded limited results and that it is time to bring together all stakeholders and the enormous data in existence to create an-going forum. The palpable change in the political climate in the nation (yes, change we can believe in) made Academy members realize that the time is now. In a nutshell, the sentiment of the Academy (if I understand it correctly) is that if we focus our collective resources we will create a momentum that can reach further than any disjointed efforts to foster sweeping changes around the nation in assuring health equity to all Americans.

While in Denver meeting participants were invited to join the Academy as Founding Members. I must say that after I heard Dr. La Veist and Dr. Thomas speak, I charged out the room asking "how do I join?" One other participant (a daughter of a civil rights activist) echoed my sentiments when she said "I have been waiting for something like this all my life." Meeting participants recommended that the invitation to join as founding members expands to persons who were not there. Founding members will communicate via Listservs on forming and joining workgroups and shaping the vision and mission of this fellowship. My colleagues, I feel that our collective voices, drive, creativity and passion to make a difference should be added to this unprecedented initiative. I urge you all to join. And I believe that the time is now!

<http://www.academyfortheequity.org/about.asp>

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FUNDING

National Institutes of Health Behavioral and Social Science Research on Understanding and Reducing Health Disparities (R01) (PAR-07-379)

Opening Date: July 19, 2007 (Earliest date an application may be submitted to Grants.gov)

Letters of Intent Receipt Date(s): August 20, 2007, August 20, 2008, August 20, 2009

NOTE: On time submission requires that applications be successfully submitted to Grants.gov no later than 5:00 p.m. local time (of the applicant institution/organization).

Application Submission/Receipt Date(s): September 19, 2007, September 19, 2008, September 18, 2009

PURPOSE: To encourage behavioral and social science research on the causes and solutions to health and disabilities disparities in the U. S. population. Health disparities between, on the one hand, racial/ethnic populations, lower socioeconomic classes, and rural residents and, on the other hand, the overall U.S. population are major public health concerns. Emphasis is placed on research in and among three broad areas of action: 1) Public policy, 2) health care, and 3) disease/disability prevention. Particular attention is given to reducing "health gaps" among groups. Proposals that utilize an interdisciplinary approach, investigate multiple levels of analysis, incorporate a life-course perspective, and/or employ innovative methods such as system science or community-based participatory research are particularly encouraged. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-07-379.html>.

National Institutes of Health NCMHD Minority Health and Health Disparities International Research Training (T37) (RFA-MD-08-006)

Original Closing Date for Applications: Aug 19, 2008

PURPOSE: The National Center on Minority Health and Health Disparities (NCMHD) and Fogarty International Center (FIC) of the National Institutes of Health (NIH), invite applications for the Minority Health and Health Disparities International Research Training (MHIRT) awards. These awards will support programs that offer international research training opportunities to qualified undergraduate, graduate and health professions students who are from health disparities populations and/or are underrepresented in basic science, biomedical, clinical or behavioral health research career fields. Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-08-006.html>.

National Institutes of Health Roybal Centers for Translational Research on Aging (P30) (RFA-AG-09-008)

Letters of Intent Receipt Date: October 1, 2008

Application Receipt Date: October 31, 2008

PURPOSE: The purpose of this funding opportunity announcement is to invite applications using the NIH Research and Development Core Center Grant (P30) award mechanism to support Edward R. Roybal Centers for Translation Research in the Behavioral and Social Sciences of Aging. The Roybal Centers are intended to improve the health, well being, and productivity of older people, through the translation of basic behavioral and social sciences research. Translation is defined in this announcement as research that moves basic research findings towards the development of programs or tools to be used at the individual and population levels to improve the health, well being, or productivity of older people. Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-09-008.html>.

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CALL FOR SUBMISSIONS

**Call for Abstracts – World Federation of Public Health Associations and the Turkish Public Health Association
12th World Congress on Public Health**

Making a Difference in Global Public Health: Education, Research and Practice

April 27 – May 1st, 2009

Istanbul, Turkey

Deadline: July 5, 2008, Midnight Pacific - <http://wfpha.confex.com/wfpha/2009/cfp.cgi>

Deadline in other time zones: 1:00 am Mountain time, 2:00 am Central time, 3:00 am Eastern time. [See World Clock](#).

World Federation of Public Health Associations and the Turkish Public Health Association, Website:

www.worldpublichealth2009.org

The abstracts should also showcase innovations, practices, tools and transferable lessons from across the globe that will help us make a decided difference in global public health. We invite you to submit abstracts in the following general topics:

- Education in Public Health for 21st Century
- Global Public Health Workforce
- Public Health & Health Services Research & Technology
- Global Governance
- Health and Development
- Comparative Analysis of Health Systems
- Strengthening Global Public Health Systems
- Financing Global Public Health
- Environmental Safety & Stewardship
- Health, Geopolitics, & Public Diplomacy
- Public Health, Political Will, & the Public Good

Call for Proposals - The Community Literacy Journal invites articles for its Fall 2009 special issue on Sustainability, the Environment, and Community Literacy.

Deadline: July 15, 2008

Guest editor Anne Mareck of the University of Kentucky, Lexington welcomes manuscripts that explore the interconnections among community literacy, sustainable practices, and cognizance of biospheric situatedness. Many have suggested that in order to create a truly sustainable society our fundamental conception of what it means to live on a planet must evolve. We must develop a biospheric literacy, an understanding of ourselves as members of a global biotic community who are dependent upon stable ecosystems for our continued existence. And as Paul Hawken wrote in *Blessed Unrest*, myriad efforts toward the creation of environmentally sustainable, socially just communities are already underway. Particularly welcomed for this issue are pieces co-authored in collaboration with community partners. Submissions of shorter and longer works (8-20 manuscript pages) including scholarly articles, essays, case studies, ethnographies, and reflective narratives are invited. Poems, drawings, photographs, and cartoons are invited as well. Topics might include: **Reflections on the notion of a Biospheric Community Literacy **Syntheses of Cultural, Functional, and Biospheric Community Literacies **Locavore, Walkshed, and 350: The Emerging Lexicon of Biospheric Literacy **Ecopedagogy and Biospheric Community Literacy **Service Learning, Community Service, and Sustainable Practices **Ecomposition, Sustainability, and Community Literacy **Nature Writing, Sustainability, and Community Literacy **Rhetoric, Sustainability, and Community Literacy **Document Design and Biospheric Community Literacy **Environmental Communication and Community Literacy **Conservation Psychology and Community Literacy **Ecological Education and Community Literacy **Experiential Education, Sustainability, and Community Literacy **Food Politics and Community Literacy **Creating and Living in Sustainable Community **Globalization, Localization, and Community Biospheric Literacy **Community Agency in Creating a Sustainable Human Society **Indigenous Perspectives on Biospheric Community Literacy **Environmental/Social Justice and Community Biospheric Literacy **Green Campus Community Organizing **Organizational Transformation and Biospheric Community Literacy **The Public Sphere: Democracy, Community, and Fast Change **Community Literacy, Climate Change, and Adaptation-Mitigation **Ethnographies and Case Studies of Sustainability Efforts **Social Networking and Climate Change **Species Interdependency and Biospheric Literacy **Celebration: The Arts and Biospheric Community Literacy **Hope: Building the Sustainable Just Communities of the Future. Suggested reading: Peck, Wayne, Linda Flower, and Lorraine Higgins. "Community Literacy." *College Composition and Communication* 46-2 (May 1995): 199-222.

By July 15, 2008 please send your 500 word MS-Word proposal as an electronic attachment to Anne Mareck at sustainable-CLJ@mtu.edu. Inquires welcomed

Call For Papers - Environmental Justice Peer-Reviewed Quarterly Journal

Deadline: July 15, 2008

Environmental Justice, a new peer-reviewed quarterly journal, launched last month and the response to the inaugural issue has been very enthusiastic. As a key participant in this growing field, we are inviting you to submit your best work to the journal for consideration for publication in an upcoming issue of the Journal. Manuscripts submitted no later than July 15, 2008 may be considered for inclusion in our second issue. If you are not already familiar with the journal, you can read the first issue online at www.liebertpub.com/env. Complete instructions for authors on manuscript preparation and submission are also included on that webpage. * Environmental Justice* is an interdisciplinary journal and authors from all disciplines are welcome especially environmental historians, sociologists, planners, lawyers, and geographers, in addition to public health professionals, environmental engineering, environmental studies, environmental science, and environmental activists. *Environmental Justice* welcomes papers on: - Studies that demonstrate the adverse health effects on populations that are most subject to health and environmental hazards; - The protection of socially, politically, and economically marginalized communities from environmental health impacts and inequitable environmental burden; - The prevention and resolution of harmful policies, projects, and developments and issues of compliance and enforcement, activism, and corrective actions; - Multidisciplinary analysis, debate, and discussion of the impact of past and present public health responses to environmental threats, current and future environmental and urban planning policies, land use decisions, legal responses, and geopolitics; - Past and contemporary environmental compliance and enforcement, activism, and corrective actions, environmental politics, environmental health disparities, environmental sociology, and environmental history; - The connection between environmental remediation, economic empowerment, relocation of facilities that pose hazardous risk to health, selection of new locations for industrial facilities, and the relocation of communities; - The complicated issues inherent in remediation, funding, relocation of facilities that pose hazardous risk to health, and selection for new locations. This historical journal is under the editorial direction of Editor-in-Chief Dr. Sylvia Hood Washington, University of Illinois at Chicago School of Public Health and an illustrious editorial board including Kenneth Olden, former director of the National Institute of Environmental Health Sciences, Michael Dorsey, Martin Melosi, David Pellow, David Rosner, and Kristin Shrader-Frechette.

Call for Nominations - AcademyHealth

Deadline: July 30, 2008

AcademyHealth requests nominations of health services research that has made a positive impact on health policy and/or practice. The lead researcher of the winning impact will receive \$2,000, and the research will be disseminated widely as part of AcademyHealth's ongoing efforts to promote the field of health services research and communicate its value for health care decision-making. The award will be announced at the 2009 National Health Policy Conference on February 2-3, and the winner will receive \$2,000, complimentary registration, travel, and lodging to the conference. The deadline for nominations is July 30, 2008. For more information on eligibility requirements, selection criteria, and application details, visit our Web site at <http://www.academyhealth.org/awards/hsrimpactsnominations.htm>.

Call For Papers: The Journal Of Family And Community Health Special Issue

David Sleet & Daphne Moffett, Guest Editors Centers for Disease Control and Prevention

Deadline: August 4, 2008

Background: Injuries are the leading cause of death for Americans aged 1 to 44 years, costing an estimated \$406 billion in medical expenses and lost productivity each year. Injuries include those related to unintentional means, (e.g. fires, falls, motor vehicle injuries from crashes, sports injury, poisoning, drowning) and violence (child maltreatment, suicide, homicide, elder abuse, youth violence). Injuries are mistakenly referred to as "accidents" because they occur suddenly and are believed to be unpredictable and uncontrollable. The public feels the "accidents" won't happen to them, because they are careful, or smart, or that someone else will protect them. Injury prevention is much more than a matter of common sense. Injuries, like diseases, occur in highly predictable patterns and are controllable. Purpose: This special issue will explore the link between injuries and the community. We are interested in soliciting papers that provide new knowledge and insight into unintentional injury prevention in family and community settings. Family and community risk and protective factors, services, programs, and policies that help children, youth and older adults prevent unintentional injuries, are all topics of interest for this special issue. Occupational injuries and violence-related injuries will NOT be included. Outcomes: Evaluation of outcomes is a required component of the research. A wide-range of health outcomes will be considered; however, we are particularly interested in reductions in injury morbidity, mortality and costs, but also intermediate outcomes such as reduction in risk behaviors that may predispose to injury. Authors are encouraged to submit papers on disparity aspects of injury prevention in Latino, Asian/Pacific Islander or American Indian/Alaskan populations. Research that has implications for primary prevention, includes but is not limited to the following: * Family mediators of injury; * Peer and community influences on injury; * The development, implementation, and evaluation of prevention programs in the family or in the community to reduce injury. (Community program descriptions, by themselves, will not be accepted.) Contacts: JFCH encourages various types of papers: original research, practice-oriented reports

from the field, and systematic reviews. Prospective authors should contact guest editors David A. Sleet, Ph.D. (dds6@cdc.gov) and Daphne Moffett, Ph.D. (zzc0@cdc.gov) with questions. An invitation to submit is no guarantee of acceptance. Manuscripts should be double-spaced, approximately 14-24 pages in length, have an abstract of no more than 100 words, and include at least five key terms for key word search purposes. References and format should follow APA (5th ed.) style. The deadline for submission is August 4, 2008. Review Process and Timeline: There will be a 2-step review process. First, papers will be reviewed and selected by the special issue editors. Selected authors may be asked to make revisions based on this review. Once complete, articles will go through a blind peer review process. Again, authors may be asked to make revisions based on peer review feedback. The Guest Editors and the General Editor will make final acceptances. The plan is to have papers published on-line and in print in Fall 2008 or Spring 2009. The anticipated timeline is as follows:

Paper submission: August 4, 2008

Special editor & Peer review:

1st revision submission:

2nd revision submission if needed:

Online publication:

Print publication: Spring, 2009

Submission: Provide complete contact information with your manuscript including: authors' names, titles, and affiliations; addresses; phone numbers; fax numbers; and e-mail addresses. Include alternate/vacation contact information and dates if applicable. Submit manuscripts via email to David A. Sleet, Ph.D. (dds6@cdc.gov) and Daphne Moffett, Ph.D. (zzc0@cdc.gov) in WORD, Times new roman, 12 pt type.

Call for Proposals – Association for Community Health Improvement

Deadline: August 8, 2008

The Association for Community Health Improvement <<http://www.communityhlth.org/>> (ACHI) is accepting proposals through August 8 for concurrent breakout sessions for its March 11-13, 2009 national conference in Los Angeles, California. Conference session will address: community health assessment; community benefit; health in the social and built environment; and building the skills of community health leaders. This leading event features more than 450 professionals from hospitals, health systems, foundations, public health, and community health organizations in a gathering that stimulates real change and improvement in how community health programs are planned, delivered, and assessed. Visit the conference Web site <<http://www.communityhlth.org/communityhlth/conf2009/annual09.html>> (www.communityhlth.org <<http://www.communityhlth.org/>>) for information on topic tracks and submission guidelines. Write to communityhlth@aha.org with questions.

Call for Submissions - New Solutions

Popular Arts & Education in Community-Based Participatory Research

Deadline: October, 2008

Community-Based Participatory Research (CBPR) is a methodology based ideally on flexible power relationships and the unobstructed flow of expert and local knowledge among project partners. The potential of success in CBPR depends on authentic dialogue among partners, free flow of information, and trust. But accurate, unmediated and timely channels of communications, while key to successful CBPR, are difficult to create and maintain. As participatory methodologies evolve, the arts have increasingly taken center stage as culturally fluent modalities for information, communication, advocacy and organizing. Methods such as Theater of the Oppressed (TO), Photovoice, video, spoken word, hip-hop, visual arts, and more give community values and needs a strong, authentic voice and ensure that methods and messages are rooted in local cultures and delivered clearly, directly, and respectfully. New Solutions is eager to receive articles discussing how community-based arts (in its various modalities) and popular education have anchored outreach, education, and organizing in Community-Based Participatory Research with an environmental / occupational health and safety justice focus. This special issue will be co-edited by Eduardo Siqueira and John Sullivan. Submissions could include any one or any combination of the following questions and can be written for the following New Solutions departments: Features (research papers); Movement Solutions (descriptions of practice); Voices (interviews); Comment and Controversy (opinion pieces); and, Observatory of the Americas (articles related to movement building throughout the Americas). * Communicating scientific concepts to communities with varying levels of scientific literacy is a major challenge in community research. This communication may involve mapping interactions of genes and the environment, explaining frameworks of risk assessment, outlining the pathogenesis of asthma or the neurotoxicity of lead. Have arts-based interventions facilitated this communication without distorting the science? * What influence have popular education theorists such as Paulo Freire, Henry Giroux, Bell Hooks, Miles Horton, et al. had on the design of arts-based research interventions? * Terms such cultural competency, cultural sensitivity, and cultural fluency seek to describe a perfect match of semiotic variables, local context, perceived needs and necessary information. Have arts-based interventions fulfilled their promise in promoting this match? * Does an infusion of arts-based actions into the research mix actually encourage sharing and perhaps changing points-of-view? Or at least actively encourage greater empathy

among community-arts participants, researchers, advocates and activists? * In terms of "authenticating dialogue" among community members and the culture of research, how have arts-based interventions provided bi-directional channels of communication in community research? * Participants in community research expect timely "play-backs" of findings as the project unfolds. Do the arts get this information back to the public with less lag-time and less ambiguity? * How has arts-based communication channels served as a "translational bridge" providing communities access to good science and researchers' access to important local knowledge? * How do we evaluate popular arts based project efficacy and outcomes: qualitative vs. quantitative, measurement of outcomes, mapping the dissemination of information, or? * Do projects using the arts persist in some form after initial funding cycles? Do the arts encourage sustainability? How have arts-based components morphed or merged with other groups and organizations? * Does the use of arts contribute to the formulation and organizing of communities for political action to change exposures, building environments, power relations that improve the health and safety of communities? How does this process work? We also invite shorter field reports on projects such as: teatro popular, theater of the oppressed, sociodrama, representational and or musical theater, photovoice, video voice, poetry, fiction, digital storytelling, spoken-word, visual arts (murals, multi-media installations, painting & drawing), corridos, folk songs, hip-hop, broadcast media, podcasts, and web-based media. These projects may be formally concluded or ongoing. Please provide website addresses to audio-visual materials in the body of the text. Articles should follow the instructions to authors available at <http://www.baywood.com/authors/ia/ns.asp?id=1048-2911>. We would like to receive papers through end of October 2008. To reach the co-editors by email: Carlos Siqueira: Carlos.Siqueira@uml.edu, John Sullivan: cc: josulliv@utmb.edu.

Call for Papers - International Journal of Health and Ageing Management (IJHAM)

The International Journal of Health and Ageing Management (IJHAM) is looking to publish action research related papers in health and ageing.

The International Journal of Health & Ageing Management is a double blind peer reviewed online journal published by Academic Global Publications Pty Ltd. The refereeing requirements of the Department of Education, Science & Training (in Australia) have been satisfied and this journal has been accepted to be listed on the DEST Register of Refereed Journals: <http://www.dest.gov.au/highered/research/herdc.htm>. Objectives of the journal: The aim of The International Journal of Health & Ageing Management is to disseminate knowledge generated by academics, practitioners and researchers regarding management issues related to health, healthcare, ageing and aged care at societal, organizational and individual levels. Journal objectives include: *Facilitate dissemination of knowledge with a view to improve management of health and ageing *Facilitate communication and discussions among managers, academics, researchers and policy makers concerned with health and ageing *Provide useful knowledge for managers to improve their knowledge and skills in the area of health and ageing *Publish research articles, case studies, reviews in the area of managing health and ageing. Intended audience: The journal aims at an audience that includes Academics, Practitioners of the health and aged care industry, Policy Makers, Researcher and Students. Papers should be submitted to ed_ijham@academicglobalpublications.com or Shankar.Sankaran@uts.edu.au. Information for authors can be found at http://www.academicglobalpublications.com/info_aut.htm. Past papers can be found at <http://academicglobalpublications.com/ijham/index.htm>.

Call for Applications – Special Research Initiatives, California Breast Cancer Research Program

We are writing to let you know that today we are began posting the Calls for Applications for the Special Research Initiatives, including environmental and disparities research. Today we posted the Request for Qualifications for the California Chemical Policy and Breast Cancer initiative. Please visit our website for more details and a link to the application website: <http://www.cbcrp.org/apply/sriCall/>. Also please pass this announcement along to anyone you think may be interested in our research funding.

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CAREER DEVELOPMENT

**Case Western Reserve University, Mandel School of Applied Social Sciences, Cleveland, OH (2 positions)
Begun Professor in Violence Prevention and Director of the Begun Center
Senior Professor/Associate Professor in Community and Social Development**

The Mandel School of Applied Social Sciences (MSASS), Case Western Reserve University's graduate school of social work, has a long-standing interest in building stronger communities. The school and its research centers, including the Center on Urban Poverty and Community Development and the Begun Center for Violence

Prevention Research and Education, have a long history of involvement in community- and agency-based research, much of which responds to critical local and national policy issues. The curriculum at MSASS emphasizes skill-building and evidence-based practice. The school integrates its education, research, and service in ways that enable social work practice to promote social justice and community empowerment locally, nationally, and internationally. Case Western Reserve University is located in Cleveland, Ohio. This area has one of the most well-established networks of community development organizations in the U.S., offering MSASS faculty and students a unique environment for community development research and training. Additionally, the school's growing international education program offers faculty and students exciting opportunities for teaching and learning abroad. MSASS is currently expanding its research, teaching, enrollment, and community engagement in violence prevention and community and social development. **The school seeks two tenured or tenure-track professors**, the Dr. Semi J. and Ruth W. Begun Professor in Violence Prevention and an associate or full professor in Community and Social Development, to join its multi-disciplinary faculty and help lead this growth. The **Begun Professor in Violence Prevention** will lead and manage the Begun Center and its activities, including research, training, advocacy, and technical assistance; key goals include forming interdisciplinary academic partnerships, promoting community-based strategies for violence prevention, and conducting research/interventions that address the social stressors associated with youth violence. Secondary responsibilities include teaching and service in the master's and doctoral programs and securing funding for center programs and initiatives. The professorship will be coterminous with the directorship of the Center. The **senior faculty member** in Community and Social Development will assume a leading teaching, research, and service role and help lead the school's growth in the community and social development arena. **CANDIDATES FOR BOTH POSITIONS MUST HAVE:** • an earned doctorate in social work or other relevant field; • a strong record of relevant teaching, scholarship, and service commensurate with a tenured appointment at the rank of associate or full professor, including a record of community-based research; • demonstrated interest in building strong communities and demonstrated commitment to applied research. For the **Begun professorship**, administrative experience will be a strong plus; a degree in psychology, criminology, or a related social science, would also be welcomed. Candidates for the **senior faculty** position in Community and Social Development must have a demonstrated commitment to applied research relevant to issues of social and economic disparities and to the possibilities of promoting social change through community-based strategies. Those whose ongoing research would benefit from the collegial, institutional, and civic support available for this work will be of particular interest. Selection will be made in September, 2008. In employment, as in education, Case Western Reserve University is committed to Equal Opportunity and Diversity. Further information about MSASS is available at <http://msass.case.edu>. Those interested in these positions may call with questions or e-mail a cover letter and c.v. (indicating position of interest in subject line) to: cw@himmelfarbgroup.com, to the attention of Susan Himmelfarb. Those wishing to nominate candidates may call or contact us using the same contact information. The Himmelfarb Group 708-848-0086 www.himmelfarbgroup.com.

Community HIV/AIDS Mobilization Project (CHAMP), New York, NY Executive Director

The Community HIV/AIDS Mobilization Project (CHAMP) is conducting a national search for an executive director. CHAMP is a national nonprofit organization that is building a movement for HIV prevention justice that bridges HIV/AIDS, human rights, and struggles for social, racial and economic justice. We seek an executive director to build on its success and shape the organization in its next phase of growth. Since its founding in 2003, CHAMP has created a strong national network of women of color, gay men of all races, transgender people, current and former drug users and youth – the very populations most at risk of HIV infection – along with other members of the AIDS service and advocacy sectors, in order to ensure the development and use of a broad and effective range of HIV prevention options, programs and policies in the next decade. CHAMP has provided trainings to build the capacity of thousands of activists and community leaders across the country; successfully influenced the policies of both CDC and the NIH; built an extended network of more than 13,000 people; and attained national news coverage for issues of HIV prevention justice in outlets such as *The New York Times*, CNN, NPR and *The Washington Post*. In five years, the organization has grown to an annual budget of a half-million dollars and a staff of six full-time employees and one part-time employee -- without using funding from the pharmaceutical industry or government sources. CHAMP currently has a staff of four full-time employees and one part-time employee. Its central office is based in New York City, with additional staff located in Philadelphia and Providence, Rhode Island. The position will be based in CHAMP's New York City office, with some travel required. The ideal candidate will be a proven leader and nonprofit manager, possessing both an understanding of HIV/AIDS and strong roots in movements for social justice. Qualified candidates will also have the ability to communicate effectively in a range of environments with a diverse group of stakeholders, including grassroots activists, academic researchers, the media, service providers and elected and appointed policymakers. The board of directors is open to young, upcoming leaders as well as more seasoned candidates. The outgoing executive director, who is also the organization's founder, will continue to work with CHAMP on programs and strategy development. She will work closely with the new executive director and the board of directors to provide insight and input throughout the leadership transition process to help ensure its success.

Compensation is competitive with nonprofits of similar size, and benefits include medical/dental coverage, an excellent vacation package and a paid sabbatical every four years. For more information, and the full position announcement, see: http://www.champnetwork.org/exec_search*.

**Department Of Health And Human Services, National Institutes Of Health
Director, Office of Behavioral and Social Sciences Research
Deadline: August 15, 2008**

POSITION: The National Institutes of Health (NIH) is seeking exceptional candidates for the challenging position of Director, Office of Behavioral and Social Sciences Research (OBSSR). The Director, who also functions as the NIH Associate Director for Behavioral and Social Sciences Research, serves as the NIH focal point for establishing agency-wide policies and goals in behavioral and social sciences research, coordinates the activities undertaken in the performance of this research, and provides advice and staff support to the NIH Director, Deputy Director, and Division of Program Coordination, Planning, and Strategic Initiatives within the Office of the Director. The position functions as a liaison between the NIH and the extramural behavioral and biomedical research communities; and with other Federal agencies, academic and scientific societies, national voluntary health agencies, the media, and the general public on matters pertaining to behavioral and social sciences research. Specifically, the Director is responsible for: (1) advising the NIH Director and other key officials on matters relating to research on the role of behavioral and social factors in the promotion of health and prevention of disease; (2) fostering research projects in the behavioral and social sciences conducted or supported by the NIH Institutes and Centers (ICs); and (3) working collaboratively with the ICs to develop new research and training programs in the behavioral and social sciences. The Director, OBSSR, manages a staff, demonstrating commitment to work force diversity enhancement. The OBSSR employs approximately 14 full time positions: 9 scientific staff, 2 program analysts, 1 communications specialist, and 2 support staff, and has a FY 2009 estimated budget of more than \$26M. CHALLENGE: As the world's largest medical research facility, NIH consists of 27 ICs including the Clinical Center (an on-site research hospital), the Fogarty International Center, and the National Library of Medicine. NIH's national program of health research and research training is currently funded at \$29 billion for FY 2008. NIH has over 18,000 employees. The Office of Behavioral and Social Sciences Research opened July 1, 1995, with a mandate from Congress to serve as the focal point for the advancement of behavioral and social sciences research across all of the NIH ICs. The vision of OBSSR is to bring together the biomedical, behavioral, social, and public health science research communities to work more collaboratively to solve the most pressing population health challenges faced by our society. Four core elements of OBSSR's vision are: 1) supporting and facilitating the next generation of basic behavioral and social science research; 2) facilitating interdisciplinary, collaborative research; 3) stimulating systems thinking and modeling approaches to research that integrates multiple levels of analysis – from cells to society; and 4) identifying key problems in health where scientists, practitioners and decision makers can work together to accelerate translation, implementation, dissemination, and adoption of behavioral and social science research findings. More information can be found in OBSSR's strategic prospectus at http://www.thehillgroup.com/OBSSR_Prospectus.pdf. QUALIFICATIONS REQUIRED: Applicants must possess a Ph.D., M.D., or comparable doctorate degree in the health sciences field plus senior-level scientific experience and knowledge of research programs in one or more scientific areas related to behavioral and social sciences research. They should be known and respected within their profession as individuals of scientific prominence, with a distinguished record of research accomplishments and expertise in policy development regarding behavioral and social sciences research. Candidates should have demonstrated leadership and broad vision in the behavioral and social sciences research arena involving dealings with outside groups; serving as spokesperson; planning, program assessment, and analysis of program objectives; resolution of operational problems and issues; and the ability to manage financial and human resources including building, motivating, and maintaining a culturally diverse staff. SALARY/BENEFITS: The Director, OBSSR, will be appointed at a salary commensurate with his/her qualifications. Full Federal benefits will be provided including leave, health and life insurance, long-term care insurance, retirement, and savings plan (401k equivalent). HOW TO APPLY: Applicants must submit a current CV and bibliography electronically to Ms. Regina Reiter at SeniorRe@od.nih.gov (301- 402-1130). In addition, applicants are strongly encouraged to prepare a supplemental narrative statement that addresses the qualifications requirements, and to provide the names, titles, and telephone numbers of 4-5 references.

Information on the [Office of Behavioral and Social Sciences Research](#) is located at its website. **APPLICATIONS MUST BE RECEIVED BY CLOSE OF BUSINESS AUGUST 15, 2008.** The NIH encourages the application and nomination of qualified women, minorities, and individuals with disabilities. **Standards of Conduct/Financial Disclosure:** The National Institutes of Health inspires public confidence in our science by maintaining high ethical principles. NIH employees are subject to Federal government-wide regulations and statutes as well as agency-specific regulations described at the [NIH Ethics website](#). We encourage you to review this information. The position requires the incumbent to complete a public financial disclosure report prior to the effective date of the appointment. Selection for this position will be based solely on merit, with no discrimination for non-merit reasons such as race, color, religion, gender, sexual orientation, national origin, political affiliation, marital status, disability, age, or membership or non-membership in an employee organization.

Reasonable Accommodation: NIH provides reasonable accommodations to applicants with disabilities. If you require

reasonable accommodation during any part of the application and hiring process, please notify us. The decision on granting reasonable accommodation will be made on a case-by-case basis.

Emory University

Director of Engaged Learning (Job Code 6159BR)

Description: Emory University seeks a Director of Engaged Learning who will play a significant role in positioning Emory as a national leader in engaged learning and scholarship. This newly-created position is essential to Emory's 2005-2015 Strategic Plan, which calls for integrating community-benefiting learning, service, and research throughout the curricula of Emory's nine academic units: Emory College, Oxford College, Goizueta Business School, Nell Hodgson Woodruff School of Nursing, The Graduate School, Law School, School of Medicine, Rollins School of Public Health, and Candler School of Theology. The Director of Engaged Learning will have primary responsibility for helping build the capacity of Emory's faculty to employ engaged teaching pedagogy. She or he will work closely with lead engaged learning staff and faculty in each unit to ensure engagement activities are connected, coherent, academically rigorous, and as beneficial for Emory's metro Atlanta community partners as they are for Emory's students. The Director will design and manage programs for faculty development and support to enhance engaged scholarship and learning activities, and will devise strategies for assessing and documenting engaged learning outcomes and impact. The Director will have budgetary responsibility and may collaborate with OUCP senior staff and Emory development officers on grant writing and other development activities, as well as on internal and external communications. The Director of Engaged Learning will report to the Director of the Office of University-Community Partnerships, which is a unit of the Office of the Provost. Learn more at <http://www.oucp.emory.edu>.

Qualifications: Advanced degree required, PhD or other terminal degree preferred, with a strong record of successful development and administration of engaged scholarship and learning programs in higher education. Must be experienced in engaged learning pedagogy, program or outcomes evaluation, and higher education administration. Strong oral and written communication skills, as well as the ability to work with faculty, staff, students, and community partners are essential. Salary and benefits are competitive and will reflect senior level qualifications and experience. Faculty status is possible, depending on the successful candidate's qualifications. Interested candidates should submit all application materials online at <http://www.emory.jobs/careers/index.html> - reference job#6159BR. Application materials include a cover letter, curriculum vita or resume, and a written statement (not to exceed 500 words) describing your views about the role of engaged teaching/learning and scholarship in a major research university. Candidates will be reviewed by a university-wide, multidisciplinary search committee beginning July 15, 2008 and the search will remain active until the position is filled. Please direct questions to Dr. Michael J. Rich, Associate Professor of Political Science and Director, Office of University-Community Partnerships (phone: 404-712-9691, email: mrich@emory.edu). Emory University is an Equal Opportunity/Affirmative Action Employer.

Harlem Children's Zone Asthma Initiative, Harlem Hospital, NY

Director

We are pleased to announce the launch of a search for a Director of the Harlem Children's Zone Asthma Initiative at Harlem Hospital. This is a newly created position.

ORGANIZATION INTRODUCTION The magnitude of the childhood asthma epidemic in Harlem led to the formation of the Harlem Children's Zone Asthma Initiative in September 2001. The Initiative was founded by Harlem Hospital Department of Pediatrics (an affiliate of Columbia University), the Harlem Children's Zone (HCZ) and the Robin Hood Foundation. The Initiative's aim is to improve health care and provide monitoring for children with asthma residing in Harlem. This innovative intervention includes

medical, environmental, educational, social and legal services. Health workers visit the home, nurses review each child's asthma symptoms, medication use, school absences, and emergency room visits and work with the family to develop an action plan for improving asthma care. Parents are counseled on the best ways to reduce asthma attack triggers and keep the illness under control and are provided medical and environmental supplies. In addition to direct services to families, the Initiative publishes its results in various academic and research journals to advance asthma treatment nationally.

POSITION HIGHLIGHTS The Director will report to the Chief of Pediatrics at Harlem Hospital, Dr. Vince Hutchinson. S/he will lead day-to-day operations of the asthma initiative, which has a staff of 20 a budget of \$1.5 million. In partnership with an advisory committee composed of HCZ, The New York City Department of Health and Mental Hygiene and Columbia University, the Director will set strategic direction for growth of the initiative and will lead the fundraising efforts to sustain that growth. Major responsibilities also include: -Managing program evaluation;

-Managing the relationship with the primary donor, the Robin Hood Foundation; and -Diversifying the funding mix for the initiative. **IDEAL CANDIDATE** The ideal candidate has a deep commitment to children's health and well-being and the health of low-income communities. S/he will be high-energy, politically savvy and persistent in the face of obstacles. S/he will be flexible, comfortable with ambiguity and have experience as a consensus-builder.

QUALIFICATIONS: -At least five years experience managing a complex and rapidly-growing community-based program. - Experience managing a staff, including clinicians. Proven ability to coach and mentor staffers at every level to achieve

their best. -Experience managing program evaluation and outcome measurements. -Proven success managing complex relationships with funders and board members. -Proven ability to build and manage relationships with diverse stakeholders including families, staffers, partner CBO's and donors. -Extremely organized and detail-oriented with a proven track record of bringing increased structure to a growing program or organization. -Excellent writing skills and superb interpersonal skills. -Advanced degree. Please apply via the Columbia University website by copy and pasting the following URL into your browser: <https://jobs.columbia.edu/applicants/jsp/shared/frameset/Frameset.jsp?time=1213716003554>.

Montana State University and Crow Nation CBPR post-doc

Applications are invited for a postdoctoral fellowship working with a well-established community-based participatory research project, Messengers for Health on the Apsáalooke Reservation. Members of the Apsáalooke (Crow) Nation and faculty and students at Montana State University (MSU) have been working together since 1996. This fellowship provides an opportunity to spend up to two years engaged in action-based research including a policy-level intervention with the Indian Health Service Crow Service Unit and a community-level intervention in women's cancer prevention. This position is based at MSU, which is a land grant university with a total enrollment of 13,500 students, including about 1,500 graduate students. Research funding is approximately \$100 million per year and is growing rapidly. Bozeman and its surrounding community of 70,000 people are situated in a mountain valley 90 miles north of Yellowstone National Park. Residents enjoy a high quality of life, excellent public schools, and outstanding recreational and cultural opportunities including the Bozeman Symphony; Montana Ballet Company; Museum of the Rockies; blue ribbon trout streams; and Bridger Bowl, Moonlight Basin, and Big Sky ski areas. Information on Montana State University can be found at www.montana.edu. The fellow will be afforded opportunities to gain experience in all aspects of this CBPR research including: - intervention development, implementation, and evaluation, - grant writing, - writing for peer-reviewed publication, - mentoring undergraduate Native American students, and - writing for dissemination to the Apsáalooke Nation. Fellows may be able to teach courses in the Department of Health and Human Development and will be encouraged to take graduate-level courses from MSU's Department of Native American Studies. Fellows will be encouraged to participate in CBPR-based seminars and activities with MSU's Center for Native Health Partnerships, an NIH/National Center for Minority Health and Health Disparities P20 Exploratory Center of Excellence. The Messengers for Health Project is featured in the chapter "Using a community-based participatory research approach to develop an interviewer training manual with members of the Apsáalooke Nation". In B.A. Israel, E. Eng, A.J. Schulz, & E.A. Parker (Eds.), *Methods for conducting community-based participatory research for health* (pp. 128-145). San Francisco, CA: Jossey-Bass. Project partners have an article coming out in the August issue of the American Journal of Public Health titled "Building and Maintaining Trust in a Community-Based Participatory Research Partnership." Access to the article is at: http://www.ajph.org/first_look.shtml. To read a story on Messengers titled "Cure the women and you cure the tribe: An MSU partnership with the Crow community" please go to: <http://www.montana.edu/mountainsandminds/fall2007/messengers/index.html>. For a list of peer-reviewed articles from the project, please see Suzanne Christopher's CV at: <http://www.montana.edu/ehhd/hhd/facultyandstaff/schristopher.htm>. The fellowship can begin at any time after July 1, 2008. The annual stipend is \$40,000 plus full benefits. To apply, please submit a CV, names and contact information for four references, and a letter detailing your experience and interest in community-based participatory research and research with tribal nations. Applications will be reviewed upon submission. They should be sent electronically to: Suzanne Christopher suzanne@montana.edu. For more information on Messengers for Health or this opportunity contact:

- Alma Knows His Gun McCormick 406-638-2960
- Suzanne Christopher 406-994-6321
- Deb LaVeaux 406-994-4690
- Bethany Letiecq 406-570-9172

Morgan State University, Baltimore, MD Chairperson – Department of Behavioral Health Sciences

Position: Applications are sought for the position of Chairperson, Department of Behavioral Health Sciences in the School of Community Health and Policy at Morgan State University. The position is a tenure track position at the Associate or Full Professor level. **Qualifications:** Potential candidates must possess a doctoral degree in public health or a related field with at least ten years of experience in behavioral health scholarship, experience in academic administration, and documented success in developing and receiving grant funding. Candidates must have an established record of peer-reviewed publication in behavioral health focusing on underserved and urban populations preferably addressing elimination of ethnic disparities. She/he should have documented success in working in a complex academic organization during a period of significant change. **Responsibilities:** The chairperson for the Department of Behavioral Health Sciences is responsible for: - Direction of the administrative functions of the Department. - Developing a strategic plan for the department which is consistent with the plan for the school. - Meeting school's benchmarks for service, teaching and

research. - Development and maintenance of appropriate curricula in behavioral health with a focus on prevention and ethnic and cultural differences. - Development and implementation of research programs in behavioral health with a focus on urban populations and people of color in consultation with the Assistant Dean for Research. - Development of collaborative program relationships with external organizations such as local, state, and federal health agencies, community organizations, schools, and faith based organizations. - Providing leadership and guidance in the production of academic publications and dissertations within the department. - Promoting the academic development of junior faculty. - Recruiting and supporting doctoral students working consistently with departmental priorities. - Recruiting new faculty.

School of Community Health and Policy: The Morgan State University Public Health Program was launched in 1999 to produce a new generation of public health professionals. In 2004, the Program received the maximum five-year (5) accreditation from the Council on Education for Public Health (CEPH). In 2007, the School changed its name to School of Community Health and Policy, as part of a strategic plan towards CEPH accreditation as a School in the near future. As the first doctorate-granting, urban practice-based public health program at a Historically Black College or University (HBCU), we provide students with the opportunity to learn community-based participatory research methods and critical analytic skills, applied to practice in urban and underserved settings. We focus on teaching students to address racial and ethnic health disparities at the local, regional and global level. The Department of Behavioral Health is one of three departments within the School of Community Health and Policy. Within this Department, students may obtain Master's and Doctoral degrees in public health with a concentration in behavioral health. To Apply: Please submit a letter of interest, curriculum vitae, teaching philosophy, copies of official transcripts and names of three potential issuers of letters of recommendation to: Dr. Allan Noonan, Dean, School of Community Health and Policy, Morgan State University, 1700 East Cold Spring Lane, Portage Avenue Campus, Baltimore, Maryland 21251. Applications will be accepted until position is filled. Salary: The salary is competitive depending on training and experience.

National Council of La Raza, Washington, DC
Vice President, Institute for Hispanic Health Organization

The National Council of La Raza (NCLR) – the largest national Hispanic civil rights and advocacy organization in the United States – works to improve opportunities for Hispanic Americans. Through its network of nearly 300 affiliated community-based organizations (CBOs), NCLR reaches millions of Hispanics each year in 41 states, Puerto Rico, and the District of Columbia. To achieve its mission, NCLR conducts applied research, policy analysis, and advocacy, providing a Latino perspective in five key areas – assets/investments, civil rights/immigration, education, employment and economic status, and health. In addition, it provides capacity-building assistance to its Affiliates who work at the state and local level to advance opportunities for individuals and families. Founded in 1968, NCLR is a private, nonprofit, nonpartisan, tax-exempt organization headquartered in Washington, DC. NCLR serves all Hispanic subgroups in all regions of the country and has operations in Atlanta, Chicago, Los Angeles, New York, Phoenix, Sacramento, San Antonio, and San Juan, Puerto Rico. NCLR's governing Board of Directors represents the constituency it serves and includes 26 elected members. Bylaws require that the Board include representatives of various geographic regions and nationality groups, that half the Board represent Affiliates or have identifiable constituencies, and that the Board include equal representation of men and women. For more information, please visit www.nclr.org.

POSITION: The National Council of La Raza's Institute for Hispanic Health (IHH) is dedicated to reducing the incidence, burden, and impact of health problems on Hispanic Americans. IHH works in close partnership with NCLR Affiliates, government partners, private funders, and other Hispanic-serving organizations to deliver quality health interventions. These interventions focus on the improvement of access to and utilization of health promotion and disease prevention programs. IHH is committed to providing technical assistance and science-based approaches that are culturally competent and linguistically appropriate. IHH will continue to focus on the following health themes: Increased Access to and Quality of Care; Improved Disease Prevention and Health Education; Improved Health Workforce Development and Retention; and Improved Public and Private Health Infrastructure. The Vice President, Institute for Hispanic Health (IHH) will have overall strategic and operational responsibility for the IHH program areas (which include Diabetes, Cardiovascular Diseases, Cancer, HIV/AIDS/STDs, Medicare, Alzheimer's, Genetics, Reproductive Health, and Nutrition and Exercise). In addition, the Vice President, IHH codirects the NCLR-CSULB (California State University, Long Beach) Center for Latino Health Evaluation and Leadership Training (NCLR-CSULB Center), a joint initiative between NCLR and CSULB. NCLR-CSULB has been designed to develop and implement cutting-edge health programs, conduct rigorous evaluation of NCLR-operated health programs, other community-based health interventions and related activities. As an officer of NCLR, the Vice National Council of La Raza Vice President, IHH President, IHH will be a part of the senior management team that drives the overall strategy for the organization and represents NCLR on a local, regional and national basis. With a program budget of \$2.5M and a staff of seven, the Vice President, IHH will initially develop deep knowledge of each IHH project, program operations, business plans and will focus on the following three areas: program leadership and management, external relationships, and knowledge management.

KEY RELATIONSHIPS: Reports to: NCLR President and CEO; Other Key Relationships: Vice President and Health Policy Analyst, Office of Research, Advocacy and Legislation; Director, NCLR-CSULB Center for Latino Health, Evaluation, and Leadership Training (NCLR-CSULB Center); AMS Team; Direct Reports: Director, Institute for Hispanic Health; Assistant Director, NCLRCSULB Center.

RESPONSIBILITIES: With the support of his/her team the

VP, IHH will be responsible for: Program Leadership & Management: · Enhance, flesh out, and implement organizational vision as established in NCLR Strategic Plan (completed) and Health Business Plan (largely complete but still in-process). · Ensure ongoing programmatic excellence. · Demonstrate consistent quality of finance and administration, fundraising, communications and systems; recommend timelines and resources needed to achieve the program goals. · Attract, develop, coach and retain high-performance team members, empowering them to elevate their level of responsibility, span of control and performance. · Work with staff to develop systems to ensure consistent, high-quality project management. · Provide leadership in development of inter-team communication and cohesiveness, sustaining culture and supporting staff during organizational growth. External Relationships: · Expand revenue generating and fundraising activities to support existing programs and the growth of IHH; cultivate existing relationships and develop new funder relationships. · Represent NCLR as an officer of the organization and be an external national presence in the field of Hispanic health that publishes and communicates results of program impact in professional publications and other forums/arenas. · Manage relationships with partner organizations. Knowledge Management: · Design and implement programs that advance state of the art community-based, Latino-focused, health promotions and interventions. · Develop the necessary systems, processes, and tools to better support the facilitation, collection, and sharing of knowledge that is generated by the IHH programs. · Develop dissemination system to share organizational learning with a broad range of communities. · Work closely with NCLR's Office of Research, Advocacy and Legislation (ORAL) to ensure that key project outcomes and/or policy, advocacy and legislation that are developed by ORAL are evaluated and leveraged for maximum community and organizational impact. · Work closely with AMS Team to manage relationships with Affiliate program partners and ensure compliance with data collection and other program partner requirements. · Work collaboratively with the senior management team to integrate cross program activities and functions. QUALIFICATIONS: The Vice President, IHH will be thoroughly committed to NCLR's community-based affiliate strategy. Qualified candidates will have backgrounds that include: running health programs; study of epidemiology; running a health research and/or evaluation program; practitioners who have run health clinics or individuals who have been executive directors or senior managers of community-based health organizations. All candidates should have demonstrated leadership, coaching and relationship management experience and strong demonstrated success managing funder relationships and a passion for public health programs. Other qualifications include: · Advanced degree (MPH, PhD or MD), with at least 10 years of management experience in the public health sector. · Unwavering commitment to quality programs and excellence in organizational and project management with the ability to achieve strategic objectives, and manage a budget. · Strong demonstrated fundraising experience with the ability to engage a wide range of stakeholders including advisory groups, coalitions, forums, trade associations, foundations, corporate sponsors and practitioner groups. · Ability to work effectively in collaboration with diverse groups of people. · Integrity, positive attitude, mission-driven and self-directed with demonstrated passion for NCLR's mission and community-based affiliate strategy, beyond health; demonstrated commitment to working collaboratively with a management team of senior professionals. · Fluency in Spanish is strongly preferred. CRITICAL COMPETENCIES FOR SUCCESS -- **Program Leadership and Management:** This individual will have taken a hands-on approach in leading a variety of public health initiatives in the Latino community. The ideal candidate will have a track record of effectively leading a performance-based and outcome-based program and staff. S/he will have developed and operationalized strategies that have taken a health program or organization to the next stage of growth. **Team Building and Development:** The successful candidate will have recruited, managed and developed a strong team of staff, program/project managers, and development professionals. In addition to the day-to-day responsibilities of IHH, this team will provide administrative and organizational support to the NCLR-CSULB, NCLR's Affiliate Member Services initiative (AMS) and an expansion of the NCLR's funding sources. This individual will serve as a "player/coach" to motivate and mentor his/her team. **Exceptional Communication and Influencing Skills:** As a voice/advocate for national Hispanic health issues, the Vice President, IHH will have strong written and verbal communication skills. S/he will be a persuasive, credible and polished communicator with excellent interpersonal and multidisciplinary project skills. This individual must work collaboratively with internal as well as external partners and other organizations, providing exposure for program impact in a variety of professional journals and other media outlets. Ideally, this person will have served as an effective spokesperson at the national level. **Other Personal Characteristics:** · Solid judgment and apparent leadership skills. · Able to form a strong connection with NCLR's public service and advocacy mission. · A team player, who can interrelate and operate effectively with peers and other associates within a collegial, yet demanding, work environment. · An individual who is able to handle a variety of constituencies, manage multiple tasks simultaneously and thrive in a complex environment with multiple priorities. · Impeccable integrity. · Strong analytical skills; basic business intuition, and common sense. · Strong work ethic. · Please register (free of charge) at www.bridgestar.org and apply online through this listing on the Bridgestar job board.

PAHO, Washington, DC

Specialist, Tobacco Control

Deadline: July 25, 2008

POST OF LIMITED DURATION – ONE YEAR

VACANCY NOTICE: PAHO/08/FT577

TITLE: Specialist, Tobacco Control

POST NUMBER: 4.6355

GRADE: P.3

OFFICIAL STATION: Washington, DC

ORGANIZATIONAL LOCATION/UNIT: SDE

For a copy of the vacancy notice: https://erecruit.who.int/public/hrd-cl-vac-view.asp?o_c=1000&jobinfo_uid_c=19844&vaclng=en

This vacancy notice has been posted on the WHO Internet website at www.who.int, under the Employment section (bottom of the page). For easy access, a list of PAHO's vacancies is also posted in our website at www.paho.org. **All applicants are required to apply on line following these steps:**

- 1) Access the Internet www.who.int
- 2) Click on **Employment** (bottom of page)
- 3) Click on **Vacancies**
- 4) Locate and select the vacancy # that you are interested in and click on **More information** to view the vacancy notice
- 5) At the bottom of the vacancy description, you will find three options:
 - New Applicants
 - Returning Applicants
 - WHO Staff
- 6) Click on the option that applies to you
- 7) If you are a New Applicant, the first step is to create your own personal account (see instructions below).
- 8) After getting the login and password, complete the personal history form on-line
- 9) Once you have completed the personal history form, you need to click on "Apply to current vacancies" & select the corresponding vacancy.
- 10) Please do not wait until the last day to apply for a vacancy.

New Applicant Instructions: When requesting your personal profile, please complete and submit the required information. Please note that if a field does not pertain to you, it should remain BLANK; however, if a *field is marked with an asterisk(*) it must be completed.*

1. Be sure to include a valid e-mail address and password.
2. A confirmation of your registration will be sent to the e-mail that you provide as your username.
3. You will need to wait and check your email to copy the FULL link in the message into a new browser window in order to return to our site and complete your Personal History Form.
4. You may then access your personal profile, complete your Personal History Form online and apply to WHO and PAHO vacancies.
5. You may continue with the application process or return at a later time to complete the required information for application.
6. Please do not wait until the last day to apply for a particular vacancy.

Returning Applicants: If you have already created a profile in the e-Recruitment system, you do NOT need to register again. You will then select Returning Applicants and if you have already completed your personal history form, there is no need for you to do it again. If you wish to apply to a new vacancy, you will just click on Returning Applicants, enter your username and password, which will take you to your personalized page with all your information. At this page, you will then select Apply to current vacancies and follow the instructions provided by the system.

Public Health – Seattle & King County Chief, Assessment, Policy Development & Evaluation

This position will serve as the Chief of the Assessment, Policy Development and Evaluation Unit (APDE) in the Office of Director and will provide leadership, vision, and direction for the Unit. The Chief must be an innovative and outstanding leader with strong management, strategic planning, medical and public health expertise, and research skills. The incumbent will possess an MD and will be responsible for overseeing epidemiology, assessment, policy development, program planning, research and evaluation activities within the APDE unit, and coordinating and providing technical assistance with these activities throughout the department. The Chief will keep abreast of current technical developments in epidemiology, community health assessment, planning methods, and public health policy, keeping the department and its staff at the forefront of these activities. The Chief will further the department's implementation of its Operational Master Plan (OMP) by developing, strengthening, and coordinating a strategic approach to policy development across the department; introducing economic analysis as a routine component of assessment, evaluation, and policy development activities; strengthening data collection and analysis; building capacity for program evaluation across the department; and improving

strategic planning. The APDE unit's purpose is to develop, maintain, and initiate innovative community health assessment activities including: * Primary quantitative and qualitative data collection; * Analysis of secondary quantitative data; * Development of tools for data analysis; * Sharing best practices through technical assistance; * Monitoring and reporting on health indicators

* Developing evidence-based health policy; * Evaluating internal program and health delivery systems; * Incubating pilot programs; * Promoting outcome, policy and economic analysis of community-based interventions. The job application can be found in the Public Health category at: <http://agency.governmentjobs.com/kinghealth/default.cfm>. Samples of APDE reports can be found at: <http://www.metrokc.gov/health/reports>.

Women's Voices for the Earth, Missoula, Montana Executive Director

Women's Voices for the Earth (WVE) is a growing, progressive national organization that engages women to advocate for the right to live in a healthy environment. WVE seeks a dynamic leader to work with our high-energy, committed staff and board, as Executive Director to continue our progress in expanding WVE's capabilities and building our national influence at the nexus of the environmental health, women's movement, and reproductive justice fields. The Executive Director is a full-time exempt position, currently based in Missoula, Montana, with oversight responsibility for the organization. The position reports directly to the President of the Board of Directors. Our ideal candidate is a skilled, energetic visionary with significant fundraising, program, communications, and management experience who can take on the multiple tasks required to lead a small non-profit organization that is expanding its national impact. For a detailed job description and how to apply, please visit <http://www.womenandenvironment.org/newsreports/ExecDir>

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CONFERENCES AND EVENTS

The Northwest Health Foundation (NWHF) Policy Analysis & Advocacy Training for CBPR practitioners WORKSHOP IN PORTLAND

July 10, 2008

11:00 am - 4:30 pm

**Kaiser Permanente's Town Hall
3704 N. Interstate Ave., Ballroom**

WORKSHOP IN EUGENE

July 11, 2008

9:00 am - 1:30 pm

**Serbu Youth Campus, Carmichael Training Room
2727 Martin Luther King Jr. Blvd.**

Public policies have an enormous impact on our personal health and well-being, and that of our communities. Community-based research partnerships are uniquely qualified to devise and propose healthy public policies. In this half-day training, CBPR practitioners will learn how to design a policy change project from the ground up, as well as how to use completed research to impact policy. The 2008 CBPR request for proposals will also be reviewed at these events (and posted on the NWHF website in July). Learn more about NWHF's past CBPR funding at <http://nwhf.org/apply/CBPR.php>. There is no cost but space is limited. Registration is required. To learn more or register, visit:

http://nwhf.org/areas/cbpr_landing.php. Download a copy of "Speaking Truth, Creating Power: A Guide to Policy Work for CBPR Practitioners" authored by CCPH Fellow Cassandra Ritas as http://depts.washington.edu/ccph/pdf_files/ritas.pdf.

Research Talk Inc. 6th Annual Qualitative Research Summer Intensive August 9 to 14, 2008 Long Island, United States

ResearchTalk's 2008 Qualitative Research Summer Intensive features 6 days of qualitative research professional development courses taught by leaders in the field and presents opportunities to network with other qualitative researchers. Instructors include: Elijah Anderson, Kathy Charmaz, John Creswell, Leslie Curry, Carolyn Ellis, Alison Hamilton, Valerie Janesick, Ray Maietta, Paul Mihas, Patricia Pugliani, Debra Skinner. Course topics include: Autoethnography, Coding, Ethnography, Grounded Theory, Large-Scale Qualitative Research, Longitudinal Qualitative Research, Mixed Methods, Narrative Analysis, Qualitative Data Collection, Qualitative Methods, Qualitative Software

(ATLAS.ti and MAXQDA), Qualitative Writing. Inquiries: info@researchtalk.com. Web address: http://www.researchtalk.com/summer_08.html. Sponsored by: ResearchTalk Inc.

**The Oswaldo Cruz Foundation and the Latin American and Caribbean Center on Health Sciences Information
8th Regional Congress on Health Sciences Information (CRICS 8)
Scientific Information and Knowledge for Innovation in Health
September 16-19, 2008
Rio de Janeiro, Brazil**

Website: <http://www.crics8.org/php/index.php?lang=en>

The Oswaldo Cruz Foundation ([FIOCRUZ](#)) and the Latin American and Caribbean Center on Health Sciences Information ([BIREME/PAHO/WHO](#))

The main theme of the CRICS8 – *Scientific information and knowledge for innovation in health*, will approach the critical function the information and the scientific knowledge play in the processes of generation, adoption, and adaptation of innovations in the social and economic development, particularly in health systems and services.

The information and knowledge sources and flows that are produced and operated by means of products, services, and events of information and communication comprise the fabric that unites, sustains and systematically innovates the relationships, policies, programs and practices of the instances of promotion, research, technology, industry and the health systems and services in favor of the social inclusion and of the equity.

The thematic tracks of CRICS 8 are:

- Policies and programs for information and scientific communication;
- Knowledge dissemination, social inclusion and democracy;
- Information, communication and scientific evidence for competence development;
- State-of-the-art of Scientific Communication;
- Information, knowledge and health institutions management;
- Information and Communication Technologies (ICTs) and convergences;
- Health scientific knowledge for social development.

CRICS reflects the advances and the challenges developing countries face on the operation of information products and services through cooperative networks that involve hundreds of institutions, including the Virtual Health Library ([VHL](#)), the Scientific Information Electronic Library Online ([SciELO](#)), the International Network of Information and Knowledge Sources for Science, Technology and Innovation Management ([ScienTI](#)), the Virtual Campus of Public Health ([CVSP](#)), the Global Health Library ([GHL](#)), [TropIKA.net](#), [EVIPNet](#), and the [ePORTUGUESe](#) networks.

**US Office of Personnel Management
First Annual Hispanic Federal Career Advancement Summit
October 1, 2008
Crystal Gateway Marriott
Arlington, VA**

On OCTOBER 1, 2008, Federal Government agencies, in partnership with the U.S. Office of Personnel Management, will host the First Annual Hispanic Federal Career Advancement Summit in the Washington, DC area. The Summit is the first of its kind to address the shortage of Hispanics in senior executive and management positions in the Federal Government. The Summit focuses on providing management insights, skills training and other career opportunities to help Hispanic government employees maximize their potential. Federal agencies are partnering to offer training workshops to reach a broad audience of federal employees. The Summit reflects the Federal Government's commitment to enhancing its career development initiatives. The Summit will take place at the Crystal Gateway Marriott, 1700 Jefferson Davis Highway, Arlington, Virginia, with easy access from the Crystal City Metro Station, Blue and Yellow Lines. Online Registration to attend the Summit will open AUGUST 1, 2008.

Executive Coaching Registration will open SEPTEMBER 2, 2008. Thank you for your interest in the Summit, and we look forward to seeing you on OCTOBER 1st. The U.S. Office of Personnel Management has certified that the 2008 Hispanic Summit qualifies as training in compliance with the Government Employee Training Act (5 USC Chapter 41). Your supervisor may require OPM memo in order for your attendance at the Hispanic Summit to be credited as training. Home, Summit Agenda <http://www.federalhispanicsummit.org/summitagenda>; Workshops <http://www.federalhispanicsummit.org/workshops>; Registration Form, Hispanic Federal Career Guide, Hotel & Travel Info <http://www.marriott.com/hotels/travel/wasgw-crystal-gateway-marriott/>.

**American Public Health Association
Two learning institutes on CBPR**

October 25 and 26, 2008

San Diego, CA

Two learning institutes at this year's American Public Health Association conference are focused on CBPR. See below for details. The conference takes place October 25-29 in San Diego. There are also a wealth of CBPR learning and networking opportunities at APHA, many sponsored by the Community-Based Public Health Caucus (see below for a list of Caucus-sponsored session titles, and this website for details:

<http://apha.confex.com/apha/136am/webprogram/CBPH.html>).

(1) 1009.0 Beyond Borders: Establishing Community Partnerships for Reducing Cancer Disparities Saturday, October 25, 2008: 1:30 PM - 6 PM

Partnership: National Cancer Institute-Center to Reduce Cancer Health Disparities

<http://apha.confex.com/apha/136am/webprogram/Session24048.html>

Statement of Purpose and Institute Overview: The purpose of this course is to help participants in developing or sharpening skills needed for establishing community collaborations for conducting community-driven research. Without an understanding of the collaborative process, researchers employing this method will have limited success, fragmented outcomes and unsuccessful community engagement. On the other hand, through successful engagement, a comprehensive response determining health priorities and implementation of appropriate outreach programs can be developed, implemented and evaluated. The community-based participatory research approach or CBPR, with principles of sharing resources, credit and responsibility, is a culturally-specific method for enhancing the community's involvement in impacting health outcomes, more specifically, cancer disparities. Cancer disparities are defined as differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups in the United States. The Community Networks Program (CNP), instituted by the National Cancer Institute in 2005, established partnerships among racial/ethnic minorities and underserved populations to conduct CBPR. The overall goal of the program is to significantly improve access to - and utilization of - beneficial cancer interventions and treatments in communities experiencing cancer disparities in order to reduce these disparities. Based on fundamental characteristics identified by Lewin, Freire and Israel, our utilization of CBPR begins with and is centered on the collaborative process and action for social change to improve community education, screening and treatment for cancer. To this end, each of the CNP investigators, including those working with immigrant communities (African American, Asian, Hispanic/Latinos and Pacific Islanders), experts in the CBPR process, are currently conducting cutting edge research and developing exceptional public health practices in partnership with communities experiencing cancer disparities. However, in spite of growing interest in CBPR, cancer disparities and collaborative research, there are few opportunities for training in this area. This Institute provides a unique opportunity for cancer researchers, the public health workforce and APHA registrants to gain or enhance skills in cancer disparities, CBPR, community partnerships and action research through lectures, small group discussions, and panel presentations. Upon completion of this course, participants will be able to: 1) identify population-specific cancer disparities 2) define the basic principles of CBPR 3) discuss the essential elements of community partnerships and 4) recognize essential elements of community-based action research. Researchers interested in Clinical Translational Science Awards may benefit from the approaches to community engagement the panelists in this course offer. Session Objectives: Upon completion of this course, participants will be able to: 1. Apply CBPR principles to conducting research with specific ethnic minority populations. 2. Identify population-specific cancer disparities. 3. Define the basic principles of CBPR. 4. Discuss the essential elements of community partnerships. 5. Recognize essential elements of community-based action research.

(2) 2012.0 Community-based Participatory Research: Working with Communities to Analyze and Interpret Data and Get to Outcomes Sunday, October 26, 2008: 8:00 AM - 11:30 AM; Partnership: Community-based Public Health Caucus

<http://apha.confex.com/apha/136am/webprogram/Session23777.html> [see related article in the American Journal of Public Health: Suzanne B. Cashman, Sarah Adeky, Alex J. Allen, Jason Corburn, Barbara A. Israel, Jaime Monao, Alvin Rafaelito, Scott D. Rhodes, Samara Swanston, Nina Wallerstein, and Eugenia Eng. The Power and the Promise: Working With Communities to Analyze Data, Interpret Findings, and Get to Outcomes http://www.ajph.org/first_look.shtml].

Statement of Purpose and Institute Overview: This Institute's purpose is to help participants who are familiar with and possibly have some experience in CBPR sharpen their data collection and analysis skills. A systematic approach to inquiry which equitably involves community and other partners throughout the research process and views action as an integral part of the endeavor, CBPR was identified by the IOM as one of eight new areas in which all public health schools should be providing training. This reflects in part growing concern that traditional outside expert-driven approaches often have proven poorly suited to researching and developing interventions aimed at many of today's most intractable health and social issues, e.g., homelessness, teen pregnancy, violence, environmental pollution. In carrying out a CBPR approach to inquiry, steps related to data collection and analysis often provide the greatest challenges. At its core, CBPR aims to ensure that all aspects of an investigation are conducted in partnership with communities, are systematic, participatory, and oriented toward meaningful social and community change. In public health, CBPR focuses on social, structural and physical environmental inequities through active involvement of community members, organizational representatives, and researchers in all aspects of the research process. CBPR has proven a promising approach for addressing such problems. Following a very brief review of community-based participatory research, this institute will lead

participants through the steps of collecting and analyzing several types of data within the context of a partnership. Questions such as: How do we get from data to findings? How do we organize different types of data? How do we move from findings to policy? will be addressed. The Institute will use case studies, each of which employs one of three different data collection approaches, i.e., survey, mapping, and focus group, to teach skills related to data analysis and policy change implementation. The values and processes that permeate and define CBPR will be featured throughout. Participants will: a) review key principles of the participatory research approach, b) learn about issues involved in selecting a particular data collection method, c) understand how to move from data to findings, and d) become knowledgeable about how work within the partnership to share data and findings in a community setting. Finally, d) they will learn how to identify the policy implications of findings. As a way of deepening their understanding of the CBPR values and methodology, participants will have an opportunity to work with cases that reflect real world situations. Session Objectives: a. Define community-based participatory research and distinguish it from other forms of inquiry b. Identify three methods of data collection, i.e., focus group, mapping, and survey that can be used jointly by members of a partnership c. Identify at least three critical issues that arise when adopting and applying the principles of community-based participatory research for data analysis and collection d. Articulate roles and approaches for scholars and community members in community-based participatory data analysis and collection.

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RESOURCES

Publications

Beyond Health Care — Socioeconomic Status and Health

Lisa Berkman, Ph.D., and Arnold M. Epstein, M.D.

The New England Journal of Medicine, Volume 358:2509-2510, June 5, 2008, Number 23

The article by Mackenbach et al. in this issue of the Journal_1_

(<http://content.nejm.org/cgi/content/full/358/23/2509?query=TOC#R1>) documents the extraordinary pervasiveness of socioeconomic inequalities in health as well as the varying magnitude of risks among countries. The compilation of data from western and eastern European countries on mortality, morbidity, smoking, and obesity in relation to socioeconomic status allows the authors to provide the broadest international portrait to date of the association between socioeconomic status and health. The link between socioeconomic disadvantage and poor health has been observed repeatedly,_2_ (<http://content.nejm.org/cgi/content/full/358/23/2509?query=TOC#R2>) but until now we have lacked data that would permit us to make consistent comparisons of these linkages across many countries. Comparisons among countries invite us to examine the features that are shared from country to country that contribute to the overall patterns of disease, as well as to explore the unique features of a nation that contribute to variability in the magnitude of the risks across countries.

Mackenbach et al.

provide us with a comparative inter-country study that harmonizes data and analytic approaches, allowing reasonable comparisons. The results are provocative for what they tell us, as well as for what they do not tell us. First, the results show that in all 16 countries with mortality data, socioeconomically disadvantaged men and women had higher overall mortality rates than did persons with a higher socioeconomic status. The universal link between social class and mortality seems remarkable, given the differing disease prevalence and risk factors in these countries. Moreover, relationships between class and mortality are consistent for almost every cause of death, with only a few exceptions, notably certain cancers. Second, the study clearly shows that the magnitude of risks varies substantially across countries. The ratio in overall mortality rates between those at opposite ends of the socioeconomic spectrum ranged from just over 1.0 (women in Basque country) to nearly 5.0 (men in the Czech Republic). In many instances, the patterns of variation are not easy to explain. For example, the risk of death according to class in Nordic countries is greater than that in southern Europe, despite welfare policies in the north, particularly for the most disadvantaged persons, that are aimed at reducing socioeconomic differences. In the United States, socioeconomic conditions are usually most strongly related to the risk of cardiovascular disease, yet in countries such as France and Italy, socioeconomic conditions are more strongly related to the risk of cancer than to the risk of cardiovascular disease. Socioeconomic status as it relates to differences in rates of smoking also does not appear to explain differences in mortality from causes generally attributable to smoking (e.g., chronic obstructive pulmonary disease and various cancers). For example, in

Hungary, differences in rates of smoking according to socioeconomic status are very small, whereas differences in mortality according to socioeconomic status for conditions related to smoking are large. Finally, the study shows that among men and women in lower socioeconomic positions, the proportion of excess deaths related to diseases that are potentially amenable to medical intervention was strikingly low. This proportion was somewhat higher in eastern European

countries, but no more than 10% in any country. Although one could argue that the list of medical conditions identified as potentially amenable to medical intervention was too restricted, the findings are consistent with those of previous studies.³ (<http://content.nejm.org/cgi/content/full/358/23/2509?query=TOC#R3>) In the United States we have very few examples of health care interventions that have reduced disparities in health care, not to mention health.⁴ (<http://content.nejm.org/cgi/content/full/358/23/2509?query=TOC#R4>). There are limits to the sort of broad epidemiologic investigation represented by Mackenbach et al. The data do not tell us much about what is causing socioeconomic disparities in health or what we can do about them. The next phase of comparative work in this area must focus more systematically on characteristics at the country level, including social and economic policies as well as demographic, environmental, social, and cultural differences that could explain the patterning of health. Building on health outcomes from 22 countries, as opposed to 2 or 3, better enables us to examine specific country-level characteristics to understand what shapes the magnitude of health disparities across countries. Both absolute and relative risks are critical to consider, since some country-level strategies may focus on improving health for all citizens and other strategies may focus on reducing socioeconomic disparities in outcomes. Judging from the results of Mackenbach et al., policies related to preventive social, economic, and behavioral interventions might well have a greater effect on reducing disparities than traditional medical interventions, even if as an unintended by-product. The need to focus on non-health care interventions is also in line with the 1998 Acheson report in Britain.⁵ (<http://content.nejm.org/cgi/content/full/358/23/2509?query=TOC#R5>) and the World Health Organization (WHO) Commission on Social Determinants of Health. The Acheson report proposed 39 different policy strategies aimed at improving health, especially the health of disadvantaged persons; only 3 of the 39 were based on traditional medical care.⁶ (<http://content.nejm.org/cgi/content/full/358/23/2509?query=TOC#R6>) Others addressed policies in areas such as poverty and income, education, unemployment, housing, transportation, the environment (including pollution), and nutrition. The WHO report is not yet complete but is likely to propose a complementary set of recommendations.⁷ (<http://content.nejm.org/cgi/content/full/358/23/2509?query=TOC#R7>) ,⁸ (<http://content.nejm.org/cgi/content/full/358/23/2509?query=TOC#R8>)

The article by Mackenbach et al. also helps frame the debate around health and health care in the upcoming presidential elections in the United States. Thus far, the presidential candidates have focused largely on health insurance and health care as the way to improve health, especially for the most disadvantaged citizens. Almost all the countries examined by Mackenbach et al. have some kind of national health insurance or health care policy, yet wide socioeconomic disparities in health persist in each of these countries. Although national health coverage is important for many reasons, we should not count on it to reduce more than a small part of the socioeconomic, racial, and ethnic disparities we see in the United States. We will need additional and broader policy changes to reduce disparities and improve the health of the population. As we continue to look for ways to reduce socioeconomic differences in health, we must face the reality that there will be no magic bullet. Disparities in socioeconomic status result from numerous risk factors and differential access to a broad range of resources. Socioeconomic inequalities in health are ubiquitous and yet highly variable. Our challenge now is to identify conditions at the country level that produce large risks and social policies that can remedy them. No potential conflict of interest relevant to this article was reported. Source Information From the Harvard School of Public Health, Boston.

References

- Mackenbach JP, Stirbu I, Roskam A-JR, et al. Socioeconomic inequalities in health in 22 European countries. *N Engl J Med* 2008;358:2468-2481.
_<NOBR Full Text]> (<http://content.nejm.org/cgi/ijlink?linkType=ABST&journalCode=nejm&resid=358/23/2468>)
- Berkman LF, Kawachi I. *Social epidemiology*. New York: Oxford University Press, 2000.
- McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Aff (Millwood)* 2002;21:78-93.
_<NOBR Full Text]> (<http://content.nejm.org/cgi/ijlink?linkType=ABST&journalCode=healthaff&resid=21/2/78>)
- Epstein AM. Health care in America -- still too separate, not yet equal. *N Engl J Med* 2004;351:603-605.
_<NOBR Full Text]> (<http://content.nejm.org/cgi/ijlink?linkType=FULL&journalCode=nejm&resid=351/6/603>)
- Acheson D, Barkers D, Chambers J, Graham H, Marmot M, Whitehead M. *Independent inquiry into inequalities in health report*. London: Stationery Office, 1998.
- Bezrucha S. Review of: *The Status Syndrome: How Social Standing Affects Our Health and Longevity*. *N Engl J Med* 2005;352:1159-1160.
_<NOBR Full Text]> (<http://content.nejm.org/cgi/ijlink?linkType=FULL&journalCode=nejm&resid=352/11/1159>)
- Lee JW. Public health is a social issue. *Lancet* 2005;365:1005-1006.
_<NOBR Full Text]> (http://content.nejm.org/cgi/external_ref?access_num=000227731800004&link_type=ISI)
_<NOBR Full Text]> (http://content.nejm.org/cgi/external_ref?access_num=15781079&link_type=MED)

8. Irwin A, Valentine N, Brown C, et al. The Commission on Social Determinants of Health: tackling the social roots of health inequities. PLoS Med 2006;3:e106-e106. [\[CrossRef\]](http://content.nejm.org/cgi/external_ref?access_num=10.1371/journal.pmed.0030106&link_type=DOI) [\[Medline\]](http://content.nejm.org/cgi/external_ref?access_num=16681414&link_type=MED) [\[http://content.nejm.org/cgi/external_ref?access_num=16681414&link_type=MED\]](http://content.nejm.org/cgi/external_ref?access_num=16681414&link_type=MED)

National Conference of Black Mayors and the Service Employees International Union
[Lifeline to Health Equity: Policies for Real Health Reform](#)

The National Conference of Black Mayors **and the** Service Employees International Union released a report, [Lifeline to Health Equity: Policies for Real Health Reform](#), discussing the negative impact of health disparities on communities of color in regards to lack of coverage, poor quality care, and a shortened life span. The report also makes recommendations on specific local, state, and federal policy initiatives to reduce racial and ethnic health disparities.

The Robert Wood Johnson Foundation
Disparities in Health and Health Care among Medicare Beneficiaries

The Robert Wood Johnson Foundation published a study, *Disparities in Health and Health Care among Medicare Beneficiaries*, conducted by the Dartmouth Atlas Project, which highlights inequity in health care quality in the U.S. The study also points out that these disparities are particularly striking when comparing different regions of the country. For example, researchers showed amputation rates for blacks in Mississippi and South Carolina are three times greater compared to blacks in Colorado and Nevada. To read a brief report of the study, click <http://www.rwjf.org/files/research/af4qdisparitiesreport.pdf>.

The SES health gradient on both sides of the Atlantic
James Banks, Michael Marmot, Zoë Oldfield, James P. Smith (2007). No. W07/04. The Institute for Fiscal Studies, UCL (University College London)

"... In this paper, we will investigate the size of health differences that exist among men in England and the United States and how those differences vary by SES in both countries. Three SES measures will be emphasized education, household income, and household wealth and the health outcomes investigated will span multiple dimensions as well." The paper is divided into nine sections: * Introduction; * Section 2 describes the two primary data sources that will be used in this analysis; * Section 3 highlights the most salient aspects of the male SES health gradients in self-reported diseases in both countries, emphasizing both their similarities as well as their differences; * Section 4 documents the very different portrait of across-country differences in health that is obtained when self-reported general health status is used instead as the primary health status measure; * Section 5 documents that these differences in male health in the two countries are not due to standard behavioral risk factors, such as smoking, drinking, and obesity; * Section 6 explores the degree to which differential measurement of self-reports of health status between the two countries accounts for the differences that emerge in the SES health gradient; * Session 7 examines the issue of the relevance of absolute and relative income scales to make international comparisons; * Section 8 explores whether there are important health affects on male labor force activity and household income in England; * Section 9 examines health gradients by financial wealth in the two countries...." Conclusions: "In this paper, we have presented data on some of the most salient issues regarding the social health gradient in health and the manner in which this health gradient differs for men in England and the United States. There are a several key findings. First, looking across a wide variety of diseases, average health status among mature men is much worse in America compared to England, confirming non-gender specific findings we reported in Banks, Marmot, Oldfield, and Smith, 2006. Second, there exists a steep negative health gradient for men in both countries where men at the bottom of the economic hierarchy are in much worse health than those at the top. This social health gradient exists whether education, income, or financial wealth is used as the marker of one's SES status. While the negative social gradient in male health characterizes men in both countries, it appears to be steeper in the United States. These central conclusions are maintained even after controlling for a standard set of behavioral risk factors such as smoking, drinking, and obesity and are equally true using either biological measures of disease or individual self-reports. In contrast to these disease based measures of health, health of American men appears to be superior to the health of English men when self-reported general health status is used as the measure of health status. This apparent contradiction does not result from differences in co-morbidity, emotional health, or ability to function all of which still point to mature American men being less healthy than their English counterparts. The contradiction most likely stems instead from different thresholds used by Americans and English when evaluation their health status on subjective scales. For the same 'objective' health status, Americans are much more likely to say that their health is good than are the English. Finally, we present preliminary data that indicates that feedbacks from new health events to household income are also one of the reasons that underlie the strength of the income gradient with health in England. Previous research has demonstrated its importance as one of the underlying causes in the United States and these results suggest that that conclusion should most likely be extended to England as well."

Website

National Resource Center

www.DiversityPreparedness.org

The nation's first online National Resource Center focused on the public health preparedness needs of culturally diverse communities has been launched at www.DiversityPreparedness.org. A joint initiative of the Drexel University School of Public Health's Center for Health Equality and the United States Department of Health and Human Services' Office of Minority Health, the National Resource Center will serve as a central clearinghouse of resources and an exchange site to facilitate communication, networking and collaboration among key players working to build resilience and eliminate disparities for culturally diverse communities in emergencies. The site features hundreds of cross-referenced annotated resources in over 40 languages highlighting research, training and education opportunities, measurement and evaluation tools, effective risk communication strategies, and other successful programs and projects. Visit www.DiversityPreparedness.org today to browse for resources that will help meet the preparedness needs of diverse communities. Submit and share your promising programs and resources with the site and field at large.

Other

Creative Counsel

1000 Voices Archive

Creative Counsel, the arts and media group and sister organization of The Opportunity Agenda, is pleased to announce the launch of the 1000 Voices Archive. This multi-partner project brings together award winning filmmakers, some of the nation's largest advocacy networks, and creative professionals to showcase 1000 stories, told by advocacy heroes, that elevate the core values that are central to a just and equitable world. Our stories will be used in town halls, training rooms, organizer meetings, local media, policy briefings, and classrooms across the country. The 1000 Voices Archive is Creative Counsel's debut multimedia project intended to tap the tremendous power of stories to shape community dialogues and drive policy change. Many of Creative Counsel's stories will be promoted through the outreach efforts of the 1000 Voices Archive team and communications networks, to ensure that they reach the largest, strategically-identified audiences possible. And in the coming weeks, Creative Counsel will announce their Facebook and mySpace pages, and postings on dozens of other sites, to launch the Archive's social networking community. Key content includes: The "crown jewel" -- The Interactive Map of the Archive's stories, searchable by Core Values, Issue Areas, and zoomable to key cities; A Toolkit accompanying each video, including zip code specific letter writing tools to contact elected officials and local media, with dynamically generated letter templates allowing the viewer to "shape public dialogue" by sharing viewpoints and a link to the video; Dozens of resources; factsheets, screening tools, recent news articles, facilitation guides, weblinks, and Share It tools related to the storyteller's themes; A One Stop Policy Education Shop for viewers to learn about legislation, local public representatives, and to receive email updates on issues related to the storyteller's themes. Many Voices, Authentic Voices: The archive emphasizes storytellers with diverse voices and backgrounds, including: Timothy Hill, a Black Youth Vote! leader from South Carolina; Merle Bell, an older Iowan farmer; Heidi Pascual, an Asian American publisher; Marina Caeiro, a Latina organizer; Donna Land Maldonado, a Native American media leader; and in the coming weeks, stories of the undocumented. ...all united by core values that have informed their lives and drive their work and life choices. At its best, the Archive reminds us that there are still many of us who care deeply and are working hard for the values of community, voice, and justice. In 2008 and 2009, the 1000 Voices Archive will produce a significant number of stories on the themes of health care, immigration, racial justice, and women's leadership. If you would like a customized tour of the 1000 Voices Archive platform or to learn more about the Creative Counsel, please let us know.

Journal of Urbanism – first issue free to view online

INTBAU and Routledge are pleased to announce that the first issue of Journal of Urbanism has been published and is available to view for free at: www.informaworld.com/RJOU

Editors: Charles C. Bohl, *University of Miami, USA*, **Matthew Hardy**, *INTBAU, UK* and **Emily Talen**, *Arizona State University, USA*

The **Journal of Urbanism** is a multi-disciplinary journal that focuses on human settlement and its relation to the idea of sustainability, social justice and cultural understanding. The content focuses on Urban Regeneration, New Urbanism, European Urbanism, Landscape Urbanism, Urban Sustainability, Smart Growth, Livable Communities, Transit-Orientated Development, Walkable Communities and more. It highlights research on the various concepts, methods and theories on creating an attitude of sustainability toward urban form. Find out more at: www.informaworld.com/RJOU.

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ABOUT THIS NEWSLETTER

To contribute information, resources or announcements to Kellogg Connection, e-mail kconnection@cfah.org. The Kellogg Connection is a monthly electronic newsletter that acts to connect W.K. Kellogg programs: Kellogg Health Scholars, Scholars in Health Disparities, Community Health Scholars, Kellogg Fellows in Health Policy Research and H. Jack Geiger Congressional Health Policy Fellows.

To SUBSCRIBE/UNSUBSCRIBE to Kellogg Connection, please e-mail scholars@cfah.org stating the e-mail address you would like added/removed.

The [Center for the Advancement of Health](#) identifies and disseminates state-of-the-science evidence about the influence of behavioral, social and economic factors on disease and well-being. Its purpose is to support health decision-making by the public and strengthen relationships among researchers and policymakers. The Center receives unrestricted funding from a number of foundations, principally The Annenberg Foundation, and restricted funding from the W. K. Kellogg Foundation. To contact the Center, e-mail cfah@cfah.org, call (202) 387-2829 or visit our web site at www.cfah.org.

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